



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

PEDRO NOSNIK MD PA
4100 WEST 15TH STREET 206
PLANO TX 75093

Respondent Name

EMPLOYERS ASSURANCE CO

Carrier's Austin Representative Box

Box Number 34

MFDR Tracking Number

M4-11-0543-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "included in the allowance of another service/procedure [sic] I do not find this is included in another procedure."

Amount in Dispute: \$76.97

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent did not submit a response to this request for medical fee dispute resolution.

Response Submitted by: None

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 19, 2010	CPT Code 95955-59-26	\$76.97	\$75.10

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated August 26, 2010

- 97-Payment is included in the allowance for another service/procedure.
- W1-Workers compensation state fee schedule adjustment.

Explanation of benefits dated September 23, 2010

- 97-Payment is included in the allowance for another service/procedure.
- W1-Workers compensation state fee schedule adjustment.

Issues

1. Is CPT code 95955-59-26 included in the allowance of another procedure rendered on the disputed date of service?
2. Is the requestor entitled to reimbursement?

Findings

1. The respondent denied reimbursement for CPT code 95955-59-26 based upon reason code "97-Payment is included in the allowance for another service/procedure."

On the disputed date of service, the requestor billed 95861-26, 95900-26, 95920-59-26, 95925-26, 95926-26, 95928-26, 95929-26, 95937-26, and 95955-59-26.

Per CCI Edit CPT code 95955 is not a component of CPT code 95920 or any other service/procedure performed on July 19, 2010; therefore, the disputed services will be reviewed per applicable Division rules and fee guidelines.

2. CPT code 95955 is defined as "Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)."

Per 28 Texas Administrative Code §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

The 2010 DWC Conversion factor is \$54.32.

Review of Box 32 on the CMS-1500 the services were rendered in zip code 75243, which is located in Dallas County.

The MAR for CPT code 95955 in Dallas County is \$75.10. The respondent paid \$0.00; therefore, the requestor is due \$75.10.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$75.10.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$75.10 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order

Authorized Signature

_____	_____	5/31/2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.